

**CERTIFICATE OF MEDICAL NECESSITY - OXYGEN**

DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 729 (8-2006)

**SECTION A**

Certification Date/Type	
Name	Patient ID

**SECTION B - Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.**

Estimated Length of Need (Number of Months) 1-99 (99 = LIFETIME)				
1. Enter the result of most recent test taken <u>on or before</u> the certification date listed in Section A. Enter (a) arterial blood gas PO <sub>2</sub> and/or (b) oxygen saturation test.				Date of Test
_____ mm Hg and/or _____ %				
2. Was the test in Question 1 performed <b>EITHER</b> with the patient in a chronic stable state as an outpatient <b>OR</b> within <u>two</u> days prior to discharge from an inpatient facility to home?				
3. Condition of the test in Question 1		4. Name of Physician Performing Test in Question 1 (and, if applicable, Question 7)		
Address		City	State	Zip Code
5. If you are ordering portable oxygen, is the patient mobile within the home?				
6. Enter the highest oxygen flow rate ordered for this patient in liters per minute.				
_____ LPM				
7. If greater than 4 LPM is prescribed, enter results of most recent test taken on 4 LPM. This may be an (a) arterial blood gas PO <sub>2</sub> and/or (b) oxygen saturation test with patient in a chronic stable state.				Date of Test
_____ mm Hg and/or _____ %				

**IF PO<sub>2</sub> = 56 - 59 OR OXYGEN SATURATION = 89%, AT LEAST ONE OF THE FOLLOWING CRITERIA MUST BE MET.**

8. Does the patient have dependent edema due to congestive heart failure?
9. Does the patient have cor pulmonale or pulmonary hypertension documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement?
10. Does the patient have a hematocrit greater than 56%?

**SECTION C - Narrative Description**

Narrative description of all items, accessories and options ordered.
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**SECTION D - Physician Signature/Date**

Signature	Date	(Signature and Date Stamps are not acceptable)
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